



SEMINOLE COUNTY
PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET, ROOM 2028
SANFORD, FLORIDA 32771
TELEPHONE: (407) 665-7371
PLANDESK@SEMINOLECOUNTYFL.GOV

PROJ. #: _____

SITE PLAN/DREDGE & FILL

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEES

<input type="checkbox"/> SMALL SITE PLAN (<2,500 SQUARE FEET IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW)	\$500.00
<input type="checkbox"/> SITE PLAN (>2,500 SQUARE FEET IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW)	SEE FORMULA BELOW
(TOTAL SQUARE FEET OF IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW/1,000)* x \$25.00 + \$1,500.00 = FEE DUE	
EXAMPLE: 50,000 sq ft of impervious subject for review = 50,000/1,000 = 50 x \$25 = \$1,250 + \$1,500 = \$2,750.00 due	
*ROUNDED TO 2 DECIMAL POINTS	
<input type="checkbox"/> DREDGE & FILL	\$750.00
<input type="checkbox"/> FILL ONLY	\$500.00

PROJECT

PROJECT NAME:			
PARCEL ID #(S):			
DESCRIPTION OF PROJECT:			
EXISTING USE(S):		PROPOSED USE(S):	
ZONING:	FUTURE LAND USE:	TOTAL ACREAGE:	BCC DISTRICT:
WATER PROVIDER:		SEWER PROVIDER:	
ARE ANY TREES BEING REMOVED? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, ATTACH COMPLETED ARBOR APPLICATION)			
IF DREDGE & FILL OR FILL PERMIT, CUBIC YARDS OF FILL PROPOSED:			
IF SITE PLAN (CALCULATE IN SQUARE FOOTAGE)			
EXISTING BUILDING AREA: _____ NEW BUILDING AREA: _____ TOTAL: _____			
EXISTING PAVEMENT AREA: _____ NEW PAVEMENT AREA: _____ TOTAL: _____			
TOTAL SQUARE FEET OF IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW: _____			

APPLICANT		EPLAN PRIVILEGES: VIEW ONLY <input type="checkbox"/> UPLOAD <input type="checkbox"/> NONE <input type="checkbox"/>	
NAME:		COMPANY:	
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	EMAIL:		

CONSULTANT		EPLAN PRIVILEGES: VIEW ONLY <input type="checkbox"/> UPLOAD <input type="checkbox"/> NONE <input type="checkbox"/>	
NAME:		COMPANY:	
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	EMAIL:		

OWNER(S)		(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)	
NAME(S):			
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	EMAIL:		

CONCURRENCY REVIEW MANAGEMENT SYSTEM (SELECT ONE)		
<input type="checkbox"/> I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past two years as identified below. (Please attach a copy of the Certificate of Vesting or Test Notice.)		
<u>TYPE OF CERTIFICATE</u>	<u>CERTIFICATE NUMBER</u>	<u>DATE ISSUED</u>
VESTING:	_____	_____
TEST NOTICE:	_____	_____
<input type="checkbox"/> Concurrency Application and appropriate fee are attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the Development Order and the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.		
<input type="checkbox"/> Not applicable		

I understand that the application for site plan review must include all required submittals as specified in Chapter 40, Part 4, of the Seminole County Land Development Code. Submission of incomplete plans may create delays in review and plan approval. The review fee provides for two plan reviews. Additional reviews will require an additional fee.

I hereby represent that I have the lawful right and authority to file this application.

SIGNATURE OF AUTHORIZED APPLICANT

DATE